



HEADQUARTERS, UNITED STATES FORCES, KOREA

UNIT #15237

APO AP 96205-5237

REPLY TO
ATTENTION OF:

25 AUG 2008

FKCS

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: US Forces Korea (USFK) Command Policy Letter #37, Individual Medical Readiness (IMR)

1. This policy supersedes USFK Policy Memorandum #37, Individual Medical Readiness (IMR), dated 16 Jul 07. It shall remain in effect until rescinded or superseded.

2. References.

a. DoD Directive 6200.04, Force Health Protection (FHP), 9 October 2004

b. DoD Instruction 6025.19, Individual Medical Readiness (IMR), 3 January 2006.

c. DoD Instruction 6200.05, Force Health Protection Quality Assurance (QA) Program, 16 February 2007.

3. Individual Medical Readiness (IMR) is a key component of force health protection and warfighting readiness. Medical readiness and force health protection are Commanders' programs, and USFK Commanders and leaders are responsible for their success. IMR program requirements are mandated by references (a) through (c).

4. Commanders and leaders at all levels will emphasize the importance of improving and maintaining medical readiness, and will use the IMR program to monitor individual and unit medical readiness. Furthermore, it is the personal responsibility of each member of the USFK team to maintain their own medical readiness levels at all times. The tracking of IMR benefits service members and units by ensuring each member of the USFK team is protected against infections and endemic diseases, can safely receive chemoprophylaxis (medications to prevent diseases) and treatments, have required medical equipment, and possess an appropriate state of dental readiness. The Department of Defense has established requirements for tracking IMR. The six IMR elements as defined by reference (b), and the established USFK IMR requirements are:

a. **Periodic Health Assessment (PHA)** -An annual PHA is required for all USFK service members to monitor their health status and provide timely preventive healthcare, counseling, treatment, or testing, as appropriate. New USFK service members arriving on the Korean peninsula will be screened during in-processing for PHA compliance, and scheduled to complete their PHA, as required. Furthermore, the PHA will be performed within 30 days of each service member's birth month, when feasible; but no later than 60 days following the due month. Completion of the PHA will be documented in the service specific IMR electronic tracking system.

This letter can be found at <http://www.usfk.mil>

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b. **Dental Readiness** -All service members are required to maintain a Dental Fitness Category 1 or 2 status with no major dental work required, and have a panoramic dental x-ray on file. An annual examination is required and will be synchronized and documented with the annual PHA, when feasible.

c. **Medical Readiness Laboratory Studies** -The basic laboratory studies required for all USFK service members are blood type and Rh factor, G6PD status (normal or abnormal), DNA specimen (verified as received and acceptable by the Armed Forces Institute of Pathology repository), and Human Immunodeficiency Virus (HIV) antibody status (as tested and documented by the receiving DoD lab). The HIV antibody testing will be repeated every two years and synchronized as part of the annual PHA.

d. **Immunization Status** - All USFK service members are required to maintain the following current immunizations in order to be medically ready (or they must have the appropriate medical and/or administration exemption from specific immunizations documented in their health record): Inactivated Polio Vaccine (IPV); Diphtheria, Tetanus and Pertussis (DTaP) ; Measles, Mumps and Rubella (MMR); Hepatitis A and Hepatitis B (complete series); Typhoid; Anthrax (shot current in accordance with dosing series); Smallpox; annual Influenza; and Purified Protein Derivative (PPD) Tuberculosis skin test. The PPD Tuberculosis skin testing will be repeated annually and synchronized as part of the annual PHA. Vaccinations are overdue **30** days after their due date. All immunizations will be electronically reported to the Defense Eligibility Enrollment System (DEERS) via the service specific IMR electronic tracking system.

e. **Individual Medical Equipment** - Service members who require corrective lenses will possess gas mask inserts for the model of gas mask and/or ballistic eyewear issued.

f. **No Deployment Limiting Conditions** - To be considered medically ready, service members should be free of any deployment limiting conditions.

5. I charge all USFK Commanders and leaders with the responsibility of improving and maintaining the medical readiness of their units and individual service members. Within USFK, the medical readiness of each Servicemember will be classified as follows: Green- *Fully medically ready*-current in all six elements; Yellow (Amber) *Partially medically ready*-lacking any readiness laboratory studies, immunizations, or medical equipment; Red-*Not medically ready*- service members in Dental Class 3 or with a chronic or prolonged deployment limiting condition; and *Medical readiness indeterminate*- inability to determine medical readiness status because of a missing health record, overdue PHA, or Dental Category 4 status.

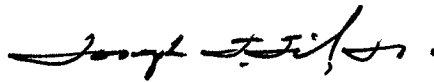
6. All USFK military units on the Korean peninsula will obtain and maintain 80 percent or better Fully Medically Ready (FMR) status as documented in the Service specific IMR electronic tracking system. Commanders and leaders will work closely with their supporting medical treatment facilities to obtain and maintain a high level of medical readiness, and will ensure Permanent Change of Station reporting instructions require all inbound personnel to meet all IMR requirements prior to reporting to Korea.

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7. As per reference (b), the Military Departments are required to report IMR metrics to the Assistant Secretary of Defense for Health Affairs and into the Status of Resources and Training System (SORTS) Defense Readiness Reporting System (DRRS) to facilitate readiness and deployability assessments. As the USFK proponent for IMR, the USFK Command Surgeon will monitor and report on Service Component IMR via the Service specific IMR electronic tracking system and DRRS.

8. Questions regarding this policy letter should be referred to the USFK Office of the Command Surgeon, DSN 724-3144; E-mail: fksg@korea.army.mil.



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